

EXTENSIONS OF REMARKS

TRINITY LAKE

HON. WALLY HERGER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 12, 1997

Mr. HERGER. Mr. Speaker, for the opportunity to testify in support of my legislation, H.R. 63, which proposes to redesignate Clair Engle Lake in northern California to its better known, common name of "Trinity Lake." I appear today on behalf of the Trinity County Board of Supervisors and the residents of Trinity County, who have requested I introduce this legislation.

Local support for this legislation is overwhelming. One poll, conducted by a local newspaper, showed an almost unanimous vote in favor of changing the lake's name to Trinity Lake. It has also been unanimously endorsed by the Trinity Board of Supervisors, who passed a resolution calling for this action in 1995.

Since the reservoir was created by the construction of the Trinity Dam, locals have referred to it as "Trinity Lake." It earned this name because of its location in Trinity County and its proximity to the Trinity Alps. Reference to the name "Trinity Lake" has been so attractive that it has been adopted by virtually every segment of the general public as well as local, State, and Federal authorities. It has been used extensively by the local tourist industry and public officials to promote the recreational aspects of the lake, since the name "Trinity Lake" creates stronger promotional imagery than does the name "Clair Engle Lake." In fact, the Trinity Lake designation has become so pervasive that about the only people who don't refer to the lake as "Trinity Lake" are those nonresidents and tourists who have never been to the lake itself.

Understandably, this has created a great deal of confusion for visitors to the lake and, consequently, has had a negative economic impact on the lake communities. By changing the name, my legislation will eliminate this confusion and enhance the benefits that the lake brings to Trinity County. Mr. Speaker, in view of the overwhelming sentiment in favor of this legislation, and the worthwhile objectives of eliminating confusion and enhancing economic benefits for Trinity County, I respectfully request the support and endorsement of this House of Representatives in answering the urgent plea of Trinity County residents by giving them back their lake through redesignation of Clair Engle Lake to its more popular name, "Trinity Lake."

RECOGNITION GIVEN TO C. RASEH NAGI OF BROOKLYN

HON. CHARLES E. SCHUMER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 12, 1997

Mr. SCHUMER. Mr. Speaker, today I wish for my colleagues and friends to join me hon-

oring a shining star in my community, Ms. C. Raseh Nagi. Ms. Nagi has been a true leader in the movement to improve educational opportunity for over 35 years. Beginning as a teacher in I.S. 78, she moved on to initiate important programs in foreign language studies and a center for intellectually gifted students. More recently as community superintendent of district 28 she has continued to make vital contributions in education all worthy of mention and praise.

She was instrumental in establishing the District 28 Academy, an alternative program for at-risk junior high school students. Improving on the initial program for gifted students, she created and implemented a districtwide talented and gifted program. Her talents have also served the education community well outside the classroom. She initiated and supported the preparation of competitive and legislative proposals which supplemented the funding available to the district's schools. She encouraged and engaged representatives from all school constituencies to participate in the educational process. She has worked diligently to make education in the community a comprehensive endeavor.

Ms. Nagi has demonstrated a commitment to excellence in the teaching and learning process, focusing on the achievement of high standards for all. I would like to take this moment to recognize Ms. Nagi for her accomplishments and to thank her on behalf of the children and parents she has touched. C. Raseh Nagi has been a true friend and strong leader for the professional staff of district 28 and, she has felt all children have the ability and potential to be anything they want to be.

Thank you Ms. Nagi.

MEDICAID

HON. LEE H. HAMILTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 12, 1997

Mr. HAMILTON. Mr. Speaker, I would like to insert my Washington Report for Wednesday, March 12, 1997, into the CONGRESSIONAL RECORD.

MEDICAID

All of us are aware of the high cost of health care. For many Americans, meeting health care needs is a financial strain, but it is an overwhelming prospect for those with the lowest incomes. Medicaid is a joint federal-state entitlement program that helps provide health insurance for 38 million low-income Americans, including the blind, disabled, or parents of dependent children.

For more than three decades Medicaid has had a major impact on the lives of poor Americans, helping to protect the health of the most vulnerable. It has also grown into one of the most costly programs in the federal budget—only Social Security, Medicare, and national defense cost more. Yet despite the importance and size of Medicaid, many people are not very familiar with it. I often hear from Hoosiers asking about the basic structure of the program.

Who is eligible for Medicaid? Since 1965 Medicaid has had a positive impact on the health of our most vulnerable populations: indigent elderly and disabled persons, women and children. Covering 1 of 5 children, 1/3 of all births, and 1/4 of nursing home costs, Medicaid has clearly been important. Around 14% of the overall population and some 600,000 Hoosiers benefit from Medicaid services.

Some 70% of those receiving Medicaid are non-elderly poor, but almost 70% of the program costs go to the other 30% of recipients: the blind, disabled, and poor elderly. Not all people earning low incomes are covered by Medicaid. This is largely because people must meet other eligibility criteria besides having low income. For example, single adults or childless couples who are not disabled or aged are ineligible for Medicaid no matter how poor they are. In Indiana more than half of Medicaid recipients are children under 21. President Clinton has proposed improving efforts to reach the 3 million children nationally who are currently eligible for Medicaid but are not signed up.

Because Medicaid is administered jointly by the federal and state governments, states have some discretion in determining eligibility. The federal Medicaid law defines some 50 groups as potentially eligible. Some must be covered by the states, others are optional. In general, only U.S. citizens may qualify for Medicaid.

What services does Medicaid cover? The federal government requires state Medicaid programs to cover a minimum set of benefits for all eligible recipients, including hospital care, nursing home care, physician services, and laboratory and x-ray services. A substantial portion, almost 40%, of Medicaid spending goes for long-term care services such as nursing home care and home care. In fact, Medicaid is the primary source of long-term care coverage.

Beyond these minimum required services, states have the discretion to cover more. For example, all states voluntarily cover prescription drugs; some also cover institutional care for mentally handicapped individuals and dental and vision care for adults. Indiana is fairly generous, relative to other states, in the optional services its Medicaid program provides. States receive federal matching funds for these additional services.

What is the cost of Medicaid? The federal government does not shoulder the cost of Medicaid alone; it is a shared commitment with the state governments. The federal share is at least 50% in every state, but can exceed 80% depending on a state's per capita income. State participation is voluntary but all states are currently in the program.

The federal government spent \$92 billion on Medicaid in 1996 and the states spent \$69 billion. For the Indiana program, the federal and state shares combined were around \$2.5 billion. Although much uncertainty surrounds projections of growth in Medicaid, costs are expected to climb significantly simply because of overall inflation in the price of health care and an increased number of eligible Americans.

What has been done to curb costs? The rate of federal Medicaid growth from 1988 to 1993 was substantial, averaging almost 20% per year. The Medicaid caseload jumped sharply in the last decade as court decisions and legislation extended coverage. Congress enacted

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